
CHAPTER 2. MEDCASE/SUPERCEEP PROGRAM POLICIES

2-1. INTRODUCTION

This chapter summarizes, interprets, and clarifies the MEDCASE/SuperCEEP program policies. Any recommended changes or requests for exception to these policies should be forwarded through Command channels with complete justification to the

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMO-AT
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001

2-2. MEDCASE/SUPERCEEP PROGRAM ELIGIBILITY

a. Eligibility Criteria. Equipment may be considered eligible for the MEDCASE/SuperCEEP program subject to the following criteria:

(1) It is classified as MEDCASE, capital investment-type equipment with a unit price equal to or greater than the DHP, OPD threshold of \$250,000.

(2) It is classified as SuperCEEP, with a unit price equal to/or greater than the DHP, OMD threshold of \$100,000 and less than \$249,999.

(3) It is required to accomplish or support a health care mission at a fixed (i.e., Table of Distribution and Allowances [TDA]), Army Medical Department, Reserve Component, or Tri-Service medical activity.

(4) It is a nonexpendable end item, or a nonexpendable component or accessory to an end item, which will be accounted for on the activity's property book.

(5) It is not centrally managed and funded through another Department of Defense (DOD) or DA-level program.

(6) It is not required to accomplish a Base Operations (BASOPS) function.

(7) It is not required to provide back-up to existing equipment.

b. Approval for Non-Medical Equipment. The criteria stated above determine whether a requirement is eligible for acquisition through the MEDCASE/SuperCEEP program; however, certain types of equipment require separate approval and authorization before they can be acquired, regardless of program eligibility. Generally, nonmedical items of equipment require separate approval. This separate approval does not constitute MEDCASE/SuperCEEP program approval, but must be obtained prior to functional consultant review.

c. MEDCASE/SuperCEEP Funding of Equipment Managed by Another DA Program. Nonmedical equipment, which is normally managed and funded by another DA level program, such as security, may be considered for funding through the MEDCASE/SuperCEEP program. However, this is only after the activity commander determines that the primary program will not be able to support an immediate

mission requirement of the health care activity. A MEDCASE/SuperCEEP submission for such a requirement must include the following items:

- (1) Documentation of the appropriate program approval,
- (2) A statement from the appropriate manager indicating when funding through that program would be available,
- (3) A statement from the activity commander describing the mission impact if acquisition of the equipment is delayed until funding through the normal program is available.

d. TDA Authorization and Type Classification. AR 40-61 serves as the authorization for medical equipment, except for Army-adopted (i.e., standard, type classified) medical equipment. Nonmedical equipment with a unit or system cost which meets or exceeds the DHP threshold requires TDA authorization and type classification exemption in accordance with AR 71-32 (Force Development and Documentation-Consolidated Policies). This is accomplished at the supporting command level following submission of the MPR. The MPR will accompany documentation for separate approval by the activity. Property Book authorization for nonmedical equipment is in AR 71-32. When assignment of a Line Item Number (LIN) is obtained by the USAMEDCOM, the equipment becomes authorized on the activity's TDA.

2-3. SPECIAL ELIGIBILITY CRITERIA

a. In cases where questions arise concerning the application of MEDCASE/SuperCEEP program eligibility criteria, clarification should be requested through command channels to the USAMMA, ATTN: MCMR-MMO-AT. A completed DA Form 5027-R (MEDCASE Program Requirement) must be included with requests for program eligibility. Questions that cannot be resolved at the USAMMA will be passed to the USAMEDCOM for resolution.

b. BASOPS

(1) BASOPS is not a term that describes a particular type of equipment; rather, it describes a functional responsibility. BASOPS functions are those that are the responsibility of the installation commander in support of the garrison and its tenants. Examples of BASOPS functions are:

- Base communication equipment,
- Fire protection,
- Grounds maintenance,
- Waste disposal,
- Common-use automated data processing equipment (ADPE) in support of:
 - Standard installation/division personnel system (SIDPERS),
 - Standard Army Finance System (STANFINS), and
 - Other installation level ADPE.

(2) Equipment for BASOPS functions is the funding responsibility of the host installation and is therefore, not eligible for the MEDCASE/SuperCEEP program, except Walter Reed Army Medical Center (WRAMC) and Fort Detrick. A related factor

in determining funding responsibility is whether or not the TDA appropriately authorizes the item and where property book accountability is maintained. If it is authorized on the installation's TDA, accounted for on the installation commander's property book, and it is for a BASOPS function, then it is not eligible for the MEDCASE/SuperCEEP program.

e. Nurse Call Systems.

(1) Nurse call systems are personal property (fixed) in accordance with (IAW) Army Regulation 735-5 (Policies and Procedures for Property Accountability). Nurse call systems are not considered as installed building equipment (DA PAM 420-11, *Project Definition and Work Classification*). This means nurse call systems must be purchased with DHP Procurement - MEDCASE funds when the dollar threshold meets or exceeds \$250,000 and SuperCEEP funds when the dollar threshold is equal to or greater than \$100,000 and less than \$249,999. Minor construction or repair funding cannot be used to purchase new, replace, or upgrade nurse call systems.

(2) The MEDCASE/SuperCEEP program funds approved equipment and installation costs. The USAMEDCOM, Deputy Chief of Staff for Installations, Environment, and Facility Management (DCSIE&FM), site preparation program, funds site preparation and utility rough-in requirements.

(3) Facility managers and Chiefs of Equipment Management Branch should determine if their system needs to be replaced or updated. Factors such as reliability, maintainability, and technical obsolescence must be considered. The appropriate Item Description Code (IDC) is "4072".

f. Sets.

(1) A set is defined as an aggregate of components, expendable, durable and/or nonexpendable, which maintains its integrity and identity as a set throughout its useful life, is accounted for as a nonexpendable end item, and is used by a health care provider for a specific clinical procedure. This includes the requirement to control the components and replace them as necessary to maintain the integrity of the set. A set should be acquired as a single end item, using a single catalog number that refers to an established list of components. Requirements for sets, which are not acquired under a single catalog number, will be considered on a case-by-case basis. A "set" will not be considered MEDCASE/SuperCEEP-eligible if it appears that its sole purpose is to aggregate the unit costs of individual expense-type items in order to reach the program thresholds.

(2) Sets may be considered eligible for the MEDCASE/SuperCEEP program regardless of the unit price of their components. NOTE: This policy does not apply to standard, type classified, medical equipment sets that are listed as service-regulated items in chapters 2, 4, and 6 of SB 700-20.

(3) The replacement of components through the MEDCASE/SuperCEEP program may be considered only if the component, by itself, meets MEDCASE/SuperCEEP eligibility criteria.

g. Medical Equipment Systems.

(1) A system is defined as a collection or assemblage of component items, which must function together to accomplish a given objective. A system's components are usually physically connected and usually cannot function in the absence of its other components.

(2) Systems may be considered eligible for the MEDCASE/SuperCEEP program, regardless of the unit price of their component end items, provided that the system itself meets the eligibility criteria. A "system" will not be considered MEDCASE/SuperCEEP-eligible if a component by itself meets MEDCASE/SuperCEEP eligibility criteria.

(3) It appears that its sole purpose is to aggregate the unit costs of its component end items in order to reach the program thresholds. Requirements for systems will be considered on a case-by-case basis.

h. Components.

(1) Components are defined as sub-elements or sub-assemblies of a set or system that are integral to the basic function of that set or system. Components of sets are those items which are integral to the set and which are identified and accounted for on its component listing. Components of systems are those component end items which must function together to accomplish the basic purpose of the system and which are identified on the approved MPR.

(2) Nonexpendable components must be accounted for on the activity property book as prescribed by the Defense Medical Logistics Standard Support (DMLSS) system.

(3) Components that are necessary to make the set or system complete (regardless of unit price) may be acquired using MEDCASE/SuperCEEP funds when acquired with a MEDCASE/SuperCEEP eligible set or system. The acquisition of components subsequent to or separate from the set or system may be eligible for the MEDCASE/SuperCEEP program provided that the eligibility criteria (funding thresholds) are met. A system shall be considered to exist if one or more components are part of and function within the context of a whole to satisfy a documented requirement.

i. Accessories.

(1) Accessories are items that enhance or provide additional capabilities to an end item. An accessory may be expendable, durable, or nonexpendable; whereas a component is a functional element of a set or system, an accessory is considered to be a supplementary item. A transducer for an ultrasound scanner is a component of that end item. Additional transducers, which provide additional capabilities, are considered to be accessories to the end item.

(2) Accessories that are required to provide the full range of functions intended for an end item or a system and are identified on the approved requisition may be acquired using MEDCASE/SuperCEEP funds at the time the MEDCASE/SuperCEEP-eligible end item or system is acquired. The acquisition of accessories

through the MEDCASE/SuperCEEP program subsequent to or separate from the end item or system may be considered, provided that eligibility criteria (funding threshold) are met for the specific accessory.

j. Upgrades.

(1) Upgrades to existing medical diagnostic/therapeutic equipment acquired through the MEDCASE/SuperCEEP program may be considered on a case-by-case basis for MEDCASE/SuperCEEP eligibility. Upgrades can be accomplished through the acquisition of a system modification or software that meets the eligibility criteria.

(2) Upgrades/modifications to equipment or systems, which are not approved through the MEDCASE/SuperCEEP program, are considered service or maintenance in nature and shall not be MEDCASE/SuperCEEP-funded, regardless of cost.

(3) Repair parts are not eligible for the MEDCASE/SuperCEEP program.

k. Eligibility for Medical MILCON Projects.

(1) Equipment that is required to complete a medical construction project is subject to the same review and eligibility criteria as all other MEDCASE/SuperCEEP program submissions.

(2) Requirements for Government Furnished-Contractor Installed Equipment (LOGCAT B and C) with a unit cost less than \$250,000 must be acquired using DHP OMD funds.

l. Refurbishment.

The use of DHP OPD MEDCASE funds or centralized SuperCEEP DHP (OMD) funds to refurbish an existing piece of equipment is prohibited. Local DHP (OMD) funds should be used for refurbishment of existing equipment.

2-4. EQUIPMENT REPLACEMENT

a. General. Equipment will be replaced only when justified and supported by valid clinical need, demonstrated deficiency, or sound economic rationale. The age of an otherwise functional item of equipment shall not by itself be accepted as sufficient justification for replacement. MEDCASE/SuperCEEP program submissions must clearly demonstrate, with supporting documentation where appropriate, why an item of equipment is no longer acceptable for use. Factors that commonly support equipment replacement are:

(1) Maintenance experience, including excessive one-time or cumulative maintenance expenses or an unacceptably high frequency of repair.

(2) Technological obsolescence which unacceptably inhibits or degrades the quality of health care provided or the introduction of new technology which improves treatment/diagnostic accuracy or reduces pain/morbidity.

(3) Economic return through demonstrated cost reduction, increased efficiency and productivity, or conservation of manpower, supplies and utilities.

b. Retention for Backup. Equipment that is replaced through the MEDCASE/SuperCEEP programs will not routinely be retained for back up. Hospital commanders must sign a separate memorandum authorizing equipment retention. This memorandum must be submitted with the MPR/MEDCASE Support and Transmittal Form (MSTF).

c. New Facility Construction. The replacement of equipment associated with new facility construction is subject to the same requirements for justification, which apply to routine replacement and modernization.

2-5. UTILIZATION OF EXCESS EQUIPMENT

The utilization of excess equipment shall be the first consideration and the preferred means for meeting an equipment requirement. SB-75-11, dated 20 November 2005, specifies the procedures for identifying, reporting, and redistributing excess equipment.

2-6. PROPERTY ACCOUNTABILITY

a. Property Book Accounting. In order to be eligible for MEDCASE/SuperCEEP funding, a requirement must be a nonexpendable end item or a nonexpendable component or accessory to an end item; therefore, equipment acquired through the MEDCASE/SuperCEEP program must be accounted for on the activity property book in accordance with:

- AR 710-2 (Inventory Management Supply Policy Below the Wholesale Level),
- AR 735-5, AR 40-61, and the
- DMLSS guidance.

Under the Chief Finance Officer (CFO) Compliance Act all documentation affecting capital value of the equipment will be kept in physical files throughout the life of the asset (e.g., contracts, invoices, site prep, installation, production engineering, etc.) to include documentation related to disposals transfers in from other federal activities, exchanges, and trade-ins. This file must be maintained for the entire life of the equipment. For more information see SB-8-75-11, para 5-6, dated 20 November 2005. This policy applies to all equipment acquired with MEDCASE/SuperCEEP funds.

b. Uninstalled Equipment. Accountability for equipment acquired through the MEDCASE/SuperCEEP program will be established at the time the equipment is received by the activity. This policy specifically includes "uninstalled" equipment awaiting installation or the completion of site preparation.

2-7. FINANCIAL MANAGEMENT

a. Funds Control.

(1) The USAMEDCOM programs and receives DHP-MEDCASE/SuperCEEP funds. They release MEDCASE/SuperCEEP funds to USAMMA for management, control, and execution, and notify the RMCs and MSCs of the amount released. USAMMA establishes, controls, and maintains funds accounts for MEDCASE/SuperCEEP participants in the AMEDD central database, the WebMRE System in conjunction with USAMEDCOM guidance.

(2) The WebMRE System is the AMEDD central database for funds control of DHP-MEDCASE/SuperCEEP funds. The USAMMA is the proponent of this system and is the central accounting office for these funds.

b. Funds Allocation.

(1) The USAMEDCOM, through the STCPC, recommends to TSG which requirements will be funded annually. Commands may request adjustments to which items are funded in writing to the USAMEDCOM.

(2) Participating activities will maintain an internal record of the status of their MEDCASE/SuperCEEP funds release.

(3) The USAMEDCOM may withdraw any uncommitted, unobligated funds from RMCs and MSCs based upon failure to meet commitment and/or obligation targets. The USAMEDCOM can and will "roll-up" uncommitted/unobligated funds for centralized execution in the third quarter of the execution year and possibly earlier if financial circumstances dictate.

c. Program Execution.

(1) The USAMEDCOM will establish overall program execution targets. RMCs and MSCs will develop an execution plan that establishes targets and milestones for the commitment and obligation of their command allocation.

(2) Participating activities are responsible for the judicious management and use of MEDCASE/SuperCEEP funds.

(3) The USAMMA will fund the execution of approved program requirements through the funding of requisitions or for non-diagnostic imaging items using Letters of Authority (LOAs) or issuance of a Military Interdepartmental Purchase Requests (MIPRs).

2-8. NONCOMPETITIVE ACQUISITION

The DOD policy requires that acquisitions be made on a competitive basis to the maximum practical extent. Equipment requirements shall be evaluated based upon a specific, but generic, need and described in terms of minimum essential characteristics. In cases where such needs and characteristics can only be met by noncompetitive acquisition, the provisions of the Federal Acquisitions Regulations (FAR) and the Defense Acquisition Regulation Supplement (DFARS) must be satisfied.